RENEWAL CONCEALED HANDGUN

1-COMPLETE APPLICATION AND HAVE NOTARIZED.

- 2- COMPLETE PHYSICAL AND MENTAL HEALTH RELEASE FORM AND HAVE NOTARIZED.
- 3- SIGN DO'S AND DON'T FORM
- 4- COMPLETE THE AFFIDAVIT FORM AND HAVE IT NOTORIZED

5-

APPLICATION FEE \$75.00 CASH ONLY

PLEASE CALL FOR AN APPOINTMENT TO TURN IN APPLICATION.

CALL:

919-718-4561 VALERIE KELLY EXT#5

OR

JOYCE PHILLIPS EXT #6

S	TATE OF NORTH CAROLINA	APPLICATION FOR							
	ne of Applicant (Last, First, Middle, Maiden) Attach listing of all previous resses and all name changes including location and court file number (If Applicable)	CONCEALED HANDGUN PERMIT							
	(i.),	NEW PERMIT	RMIT						
		DUPLICATE	☐ EMERGENCY						
Stre	et Address	Date of Birth	Social Security Number		4-415.10 et seq uion on page 3				
City	State Zip Code	Driver's License Number (State ID Number	r if no driver's licensej		State				
Mai	ling Address	Military Status Active	Reserve Race	Sex	Hair Hair				
		Discharged Retired	N/A						
Tele	phone Number County of Residence	Eyes Height Weight	Other Physical Des	cription					
€	AP	PLICATION	4,500						
	he undersigned applicant, being duly sworn, hereby in a state that the following information is correct to the be		arolina Concealed	l Handgun	Permit				
and	a state that the following information is correct to the be	st of my knowledge.	(Check A	ppropriate Boxe	25)				
1.	Are you a citizen of the United States?		(1)	☐ Yes	☐ No				
2.	Are you 21 years of age or older?		(2)	☐ Yes	☐ No				
3.	Have you been a resident of North Carolina for 30 days or longe	er immediately preceding the date of	this application? (3)	☐ Yes	☐ No				
4.	Do you suffer from a physical or mental infirmity that prevents the	ne safe handling of a handgun?	(4)	☐ Yes	☐ No				
5.	Have you successfully completed an approved firearms safety a of handguns and instruction in the laws of North Carolina governuse of deadly force? If Yes, attach documentation		dgun and the	□Yes	□ No*				
	* If No: Do you meet the retired law enforcement officer except	ion in N.C.G.S. & 14_415 12/4\2	(5)	□ Yes	□No				
	If Yes, attach documentation	1011 11 14.0.0.0. g 14-410.12(A)		□ 162	□ 140				
6.	Are you ineligible to own, possess, or receive a firearm under th	e provisions of state or federal law?	(6)	☐ Yes	☐ No				
7.	Are you under indictment or has a finding of probable cause bee	en entered against you for a pending	felony charge? (7)	☐ Yes	☐ No				
8.	Have you been adjudicated guilty in any court of a felony?		(8)	Yes*	[∗] □ No				
	* If Yes: Have your firearm rights been restored pursuant to N.0 If Yes, attach documentation	C.G.S. § 14-415.4?	*	Yes Yes	☐ No				
9.	Are you a fugitive from justice?		. (9)	Yes	☐ No				
10.	Are you an unlawful user of (or addicted to) marijuana, alcohol, or any other controlled substance as defined in 21 U.S.C. § 8027		otic drug, (10)	☐ Yes	□No				
11.	Are you currently or have you been previously adjudicated or admental capacity or mentally ill?	ministratively determined to be lacking	ng (11)	☐ Yes	☐ No				
12.	Have you been discharged from the U.S. Armed Forces under co	onditions other than honorable?	(12)	☐ Yes	☐ No				
13.	3. Have you been adjudicated guilty of, or received a prayer for judgment continued for, or received a suspended sentence for, one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed page 3 of this form? ► See "List of Disqualifying Criminal Offenses" on page 3 (13)								
14.	Have you had an entry of prayer for judgment continued for a crit from obtaining a handgun permit?	minal offense which would disqualify	you (14)	☐ Yes	☐ No				
15.	Are you free on bond or personal recognizance pending trial, app would disqualify you from obtaining a concealed handgun permit?		(15)	☐ Yes	□No				
16.	Have you been convicted of an impaired driving offense under Gwithin three years prior to the date of this application?	S. 20-138.1, 20-138.2, or 20-138.3	(16)	Yes	□No				
SBIC	CHPA, Rev 04/12				Page 1				

informatio	pply for temporary emergency permit for a n set forth below. I reasonably believe th ety to me, my family, or my property.			
State Grounds	for Temporary Emergency Permit (Use attachment if necess	ary)		
SWORN TO A	AND SUBSCRIBED TO BEFORE ME	Date		
Date	Signature of Person Authorized to Administer Oaths	Signatur	e of Applicant	
Title Date Commission Expires	SEAL	fir fro	CAUTION deral law and State law on the possession of earms may differ. If you are prohibited by feeling possessing a handgun or a firearm, you mosecuted in federal court. A State permit is not a federal prosecution.	ederal law ay be
	SHERIFF U	JSE O	NLY	
Check List — check	and the same of th			
 One full set of fin Original certificat of approved firear 	gerprints administered by the Sheriff's Office	8. 9. 10.	Date issued Temporary Permit: Date denied Temporary Permit: Date issued Permit: Permit Number:	
	ecify):	11.	Date denied Permit:	
	nentation	12.	Date submitted to SBI:	🗆
7. Other:		13.	NICS Transaction Number (NTN):	🗆
	Signature of Sheriff:			
CDI CUDA D. AMA			SBI / Copy – Applicant	D 0
SBI CHPA, Rev 04/12				Page 2

LIST OF DISQUALIFYING CRIMINAL OFFENSES 3. Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition, or alcoholic beverages to inmates of charitable, mental or penal institutions, or local confinement facilitiesN.C.G.S. § 14-258.1 5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold 18. Making or using any utterance, gesture, display, or abusive language which is intended and plainly likely to provoke violent retaliation, and thereby create a breach of peaceN.C.G.S. § 14-288.4(a)(2) 27. Any crime found in Chapter 14, Article 8 of the North Carolina General Statutes.

SOCIAL SECURITY NUMBER: The disclosure of your social security number as a part of this concealed handgun permit application is voluntary. The purpose of requesting the social security number is to assist in your identification and to help distinguish you from other persons with similar names. No concealed handgun permit will be denied for failure to disclose a social security number.

PF 1		
STATE	OF NORTH CAROLINA	edical to M
COUNT	Y OF	
	Residence	
IN THE	MATTER OF THE	AFFIDAVIT
CONCE	ALED HANDGUN PERMIT	
100110011	ALOF.	
	(NIA) (T)	
	(NAME)	(PERMIT NUMBER)
I of issued on	currently hold a concealed handgun permit wi	th County originally
Pursuant t	o NCGS 14-415 16 Lam hereby making time	de di d
	rticle 54B of Chapter 14 of the North carolina y, I affirm that:	General Statutes.
(H		
1.	I have successfully completed an approve	ed firearms safety and training course
	THE ALTERNATION OF THE MELLINE HITTER OF DODAG	uns and instruction in the laws of North ealed handgun and the use of deadly force
	or am otherwise exempted from this cour	se.
2.	I am eligible to own, possess, or receive a federal law	firearm under the provisions of
	federal law.	the provisions of state and
3.	I am not under indictment nor has any find	ding of probable cause been entored for
	pending felony charge.	o The state of the section at the se
4.	I have not been adjudicated guilty in any c	ourt of a felony.
5.	I am not a fugitive from justice.	
6.	I am not an unlawful user of, or addicted to	o marijuana, alcohol or any depressent
	stimulant, or narcotic drug, or any other co U.S.C. § 802.	ontrolled substance as defined in 21
7.	I am not currently, and have not pro-	la gran
	I am not currently, and have not previously determined to be lacking mental capacity or	neen adjudicated or administratively mentally ill.
8.	I have not been discharged from the armed	forces under conditions at a stand
	honorable.	Saddi Conditions Other than

9 .	I have not been adjudicated guilty of or received a prayer for judgement continued or suspended sentence for one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed on attachment (1) to this form.
10.	I have not had an entry of a prayer for judgement continued for a criminal offense which could disqualify me from obtaining a concealed handgun permit.
11.	I am not free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify me from obtaining a concealed handgun permit.
12.	I have not been convicted of an impaired driving offense under G.S. 20-138.1, 20-138.2 or 20-138.3 within three years prior to the date of this affidavit.
13.	I am 21 years of age or older.
14.	I am a citizen of the United States.
15.	I am a current resident of North Carolina and have lived here 30 days or longer prior to this renewal application.
16.	I do not have a physical or mental infirmity that prevents the safe handling of a handgun.
	I have not violated any of the standards for carrying a concealed handgun with this permit as set forth in Article 54B of Chapter 14 of the North Carolina General Statutes.
This the	day of
State of North (Carolina
County of	
Sworn and subsc	ribed before me, this theday of
No My Commission	expires

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. .

THE DO'S AND DON'TS OF CARRYING A CONCEALED HANDGUN

- 1. Your permit to carry a concealed handgun must be carried along with valid identification whenever the handgun is being carried concealed.
- 2. When approached or addressed by any officer, you must disclose the fact that you have a valid concealed handgun permit and inform the officer that you are in possession of a concealed handgun. You should not attempt to draw or display either your weapon or your permit to the officer unless and until he directs you to do so. Your hands are to be kept in plain view and you are not to make any sudden movements.
- 3. At the request of any law enforcement officer, you must display both the permit and valid identification.
- 4. You may not, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any controlled substances are in your blood unless the controlled substance was obtained legally and taken in therapeutically appropriate amounts.
- 5. You must notify the sheriff who issued the permit of any address change within thirty (30) days of the change of address.
- 6. If a permit is lost or destroyed, you must notify the sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. Do not carry a handgun without it.
- 7. Even with a permit, you may not carry a concealed handgun in the following areas:
 - a) Any law enforcement or correctional facility;
 - b) Any space occupied by state or federal employees;
 - A financial institution;
 - d) Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
 - e) Educational property;
 - f) Areas of assemblies, parades, funerals, or demonstrations;
 - g) Places where alcoholic beverages are sold and consumed;
 - h) State occupied property;
 - i) Any state or federal courthouse;
 - j) In any area prohibited by federal law;
 - k) Any local government building if the local government has adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.
- 8. If you are in a vehicle and stopped by a law enforcement officer, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and that you are in possession of a permit. Do not remove your hands from the wheel until instructed to do so by the officer.

I	DO ATI	TEST	BY	SIGNATUR	E THAT	·I	HAVE	READ	THE	DO'S	AND	די עסת	ΩŒ	CARRYING
A	CONCEA	LED	HAN	IDGUN.								2011 15	OŁ	CARRIING

SIGNATURE	Dårr

A 102	.INA	RELEASE OF PHYSICAL AND MENTAL HEALTH,
	County	SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT
Name And Address Of Applicant	· ·	Date Of Birth
		Social Security No.
		State Drivers License No. (State Identification No. If No Drivers License) State
mental health or substance abuse treat release to the sheriff of the above name mental capacity or substance abuse the concealed handgun permit. The purpos competence to handle a handgun. I undergulations and that other confidential reaccordingly, I specifically authorize the may be documented in my records. I understand that further disclosure or reactions are prohibited without my further understand that I may revoke this author reliance on this Release. Even without my further than the substance of the substance of the substance of the substance abuse the above name of the purpose.	ment or care to red county any and the sheriff may e of the release iderstand that alcords such as prelease of any and disclosure by the written consent crization at any time of the express revolution.	vitals or other providers who have ever provided physical or one, including without limitation the providers named below, to dall records concerning my physical capacity, mental health, reasonably request in connection with my application for a is to enable the sheriff to determine my qualification and ohol and substance abuse information is protected by federal sychiatric information may be protected by North Carolina statute and all alcohol, substance abuse and psychiatric information that esheriff of any information disclosed to the sheriff pursuant to the unless otherwise provided for by state of federal law. I he except to the extent that action has already been taken in cation, this Release will expire upon the satisfaction of the
request or one year from the date below. Name Of Provider	, whichever occu	rs first. Address Of Provider
County Clark of Count	4.400 11	
ee County Clerk of Court	1408 Hom	er Blvd, Sanford, NC 27330
andhills Center for MH/DD	130 Carbo	nton Road Sanford, NC 27330
olly Hill Hospital	3019 Falst	aff Rd, Raleigh, NC 27610
loore Regional - HIM	Release of	info PO Box 3000 Pinehurst, NC 28374
also request and authorize any and all cl	the record of any	court of North Carolina to inform the sheriff of this County rinvoluntary commitment proceeding under Article 5 of Chapter
whether or not the clerk's records contain 122C of the General Statutes in which I has confidential information in the court files or order to determine whether or not to issue in the cause within the meaning of G.S. 12 specific or standing order entered in responsibility or the search, product delease shall be my responsibility. I autho	records of each a concealed har 2C-54(d) and a nse to or anticipa action, copying a prize the sheriff to	as a respondent and, if so, to reveal to the sheriff any such proceeding that the sheriff may reasonably require in adgun permit to me. This Release may be treated as a motion clerk may reveal information to the sheriff pursuant to any ation of this motion. Indication of a medical or court record pursuant to this ophotocopy this Release after I sign it and I authorize any
whether or not the clerk's records contain 122C of the General Statutes in which I has confidential information in the court files or order to determine whether or not to issue in the cause within the meaning of G.S. 12 specific or standing order entered in responsy expenses relating to the search, producted as shall be my responsibility. I authorovider to whom a photocopy of this Release.	r records of each a concealed har 2C-54(d) and a conse to or anticipation, copying a crize the sheriff to ase is presented	as a respondent and, if so, to reveal to the sheriff any such proceeding that the sheriff may reasonably require in adgun permit to me. This Release may be treated as a motion clerk may reveal information to the sheriff pursuant to any ation of this motion.
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AOC-SP-914M, New 12/95,
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